



ASSUMPTION OF RISK AND RELEASE FOR ACTIVITIES HELD ON PROPERTY OF THE VALOR INSTITUTE

In consideration of my child/ward being permitted to participate in the Athletic/Activity Program conducted by the _____ at _____ (Name of facility)

I, as parent and guardian of the participating child, do hereby agree to assume all the risks and responsibilities relative thereto.

I hereby represent to Valor Institute that the child is capable of participating in this activity and understand that participants are strongly encouraged to consult a physician prior to any participation.

I hereby recognize the risks of illness and injury inherent in any activity-based program, and the child's participation is upon the express agreement and understanding that I do for myself, the child, my heirs, and personal representatives agree to defend, hold harmless, indemnify, release, and forever discharge Valor Institute, its respective officers, agents, representatives, and employees from and against any and all rights, claims, demands, and actions or causes of action, including attorney's fees and court costs, on account of damage to personal property, personal injury, or death which may result from the child's participation in this athletic/activity program.

By my signature below, I hereby confirm my understanding of this release statement holding Valor Institute harmless and acknowledge that they do not carry health and accident insurance to cover participants of this program. Participants are strongly encouraged to obtain full insurance coverage prior to participation in the Program.

_____/_____

Signature of Guardian / Date

_____ / _____

Name of Child / Age